



Name (Last, First, MI)				\neg				
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Address						or		
City		State	Zip Code (9-digit)	ode (9-digit)				
ome Telephone Number Work Telephone Number				Email Add	Email Address			
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Name of Institution								
Mailing Address			City			State	Zip Code	
Existing Major/Minot (attach transcripts)			•			!		
Pursued Major								
Required Coursework (k	oased on N	orth Da	kota Teacher E	ducatio	n Progra	ım Аррі	roval Standards)	
General Studies		Professional Education			Content Major			
Approved Signatures					Date			
Program Advisor								
Teacher Education Chair								
Dean, College of Education								
Executive Director, ESPB					İ			

Submit completed form to: Education Standards and Practices Board

2718 Gateway Ave, Suite 303 Bismarck, ND 58503-0585 (701) 328-9641 Office (701) 328-9647 Fax Please remember to sign form.

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.